



## **REQUEST FOR PROPOSAL**

**Children's Transitional Group Homes**

**RFP# 102-2022**

**NOTE:**

**Alliance reserves the right to modify this RFP to correct any errors or to clarify requirements. Any changes will be posted on our website <http://www.Alliancehealthplan.org/>**

**Copies of all postings will be emailed directly to anyone who registers with Alliance. To register, please send an email to [AllianceRFP@Alliancehealthplan.org](mailto:AllianceRFP@Alliancehealthplan.org) with your name and contact information.**

## Purpose:

Alliance Health (Alliance) is a Local Management Entity/Managed Care Organization (LME/MCO) responsible for the delivery of publicly funded mental health, intellectual/development disabilities and substance abuse services for people living in Durham, Wake, Johnston, Orange, Mecklenburg and Cumberland counties, the 'Catchment Area'.

**Alliance has identified the following Network needs in Mecklenburg County and seeks the following services from Providers:**

### **Transitional Group Homes**

Alliance Health and Mecklenburg County propose to partner in establishing and operating two short-term Transitional Group Homes for youth who are in, the custody of Mecklenburg County Department of Social Services (DSS) and require an immediate therapeutic residential level of care. One home is dedicated to individuals with co-occurring Intellectual/Development Disabilities and Mental Health diagnoses. In addition, one home is dedicated to serve primarily Mental Health and Substance Use Disorders. The primary goals of this initiative are to eliminate occurrences of youth in DSS custody being housed in nontherapeutic settings and eliminate emergency department boarding of these youth. These programs are designed to provide a safe, trauma-informed environment for youth to receive support and comprehensive assessments to determine their longer-term needs.

Referrals to the Transitional Group Homes will come primarily from Mecklenburg DSS and will be prioritized for admission by Alliance Care Management prior to admission. The selected provider, Alliance Care Managers and DSS Social Workers will work together to coordinate post-discharge living arrangements and wrap-around treatment. The length of stay is 45-60 days. The objective of this collaboration is for youth to have the most clinically appropriate aftercare plan in place at discharge. Alliance will seek to select historically underutilized provider agencies. Preference will be giving to organizations with existing facilities licensed under 10A NCAC 27G .1700 and meeting the following minimum qualifications.

### **Minimum Qualifications:**

Only organizations that meet all of the following minimum qualifications will be considered for this RFP:

- A Provider holding a current license as a .1700,.1800, or .1900 or .5600 C children's facility in NC.
- In Good Standing, as defined herein; and

- Holds current program/agency accreditation from one of the four accrediting bodies accepted by NC MH/DD/SAS: Joint Commission, Center for Quality and Leadership, Council on Accreditation or Commission on Accreditation of Rehabilitation Facilities (program required as prescribed by accrediting body); and
- Provider has demonstrable experience and is contracted with an LME-MCO to currently operate 24-hour child and family facilities.
- For the I/DD- MH/SUD home, has current and demonstrable experience serving children with co-occurring I/DD and MH diagnoses. For the MH/SUD home, has current and demonstrable experience serving children with MH and/or SUD diagnosis.

Providers with existing DHSR Licensed Facilities who are prepared to secure a site to operate a group home immediately.

**Good Standing.** All applicants must be in good standing with all applicable oversight entities and continuously meet Good Standing criteria while a member of Alliance’s Closed Network. This means that the applicant:

- (i) is in compliance with the standards and requirements of all applicable oversight entities;
- (ii) has submitted all required documents, payments and fees to the U.S. Internal Revenue Service, the N.C. Department of Revenue, N.C. Secretary of State, the N.C. Department of Labor, and the N.C. Department of Health and Human Services (DHHS) and its Departments and Divisions;
- (iii) has not filed for or is not currently in Bankruptcy; and
- (iv) has not had any sanctions imposed against it, including, but not limited to the following:
  - **Any Local Management Entity/Managed Care Organization (LME/MCO):** Contract Termination or Suspension, Referral Freeze, non-compliance with a Plan of Correction, Past Due Overpayment, Prepayment Review, Payment Suspension
  - **N.C. Department of Health and Human Services**
  - **NC Medicaid/NC Division of Health Benefits:** Contract Termination or Suspension, Payment Suspension, Prepayment Review, Outstanding Final Overpayment.
  - **DMH/DD/SAS:** Revocation, Unresolved Plan of Correction.
  - **DHSR:** Unresolved Type A or B penalty under Article 3, Active Suspension of Admissions, Active Summary Suspension, Active Notice of Revocation or Revocation in Effect.
  - **U.S. Internal Revenue Service:** Unresolved tax or payroll liabilities.
  - **N.C. Department of Revenue:** Unresolved tax or payroll liabilities.
  - **N.C. Department of Labor:** Unresolved payroll liabilities.
  - **N.C. Secretary of State:** Administrative Dissolution, Revocation of Authority, Notice of Grounds for other reason, Revenue Suspension; providers organized as a corporate entity must have a “Current – Active” registration with the NC Secretary of State.
  - **Boards of Licensure or Certification for the applicable Scope of Practice**

- **Provider’s Selected Accrediting Body.**

**Disclosure of Sanctions:** Applicants are required to disclose all pending or final sanctions under the Medicare or Medicaid programs including paybacks, lawsuits, insurance claims or payouts. Applicants must also disclose sanctions and disciplinary actions issued by applicable licensure boards, and adverse actions by regulatory agencies within the past five years or now pending. Applicants’ owner(s) and managing employee(s) may not have previously been the owners or managing employees of a provider that had its participation in any State’s Medicaid program or the Medicare program involuntarily terminated for any reason or owes an outstanding overpayment to an LME/MCO or an outstanding final overpayment to DHHS.

**Timeline:**

<b>Event</b>	<b>Date/Time</b>
Public Notice of RFP	July 1, 2022
Pre-Applicant Conference	July 15, 10:00-11:00 AM Register in advance for this meeting: <a href="https://alliancehealthplan.zoom.us/meeting/register/tJcpd-ysqT4qGN1gugjRS4s-ViQqrj6I0KfE">https://alliancehealthplan.zoom.us/meeting/register/tJcpd-ysqT4qGN1gugjRS4s-ViQqrj6I0KfE</a>  After registering, you will receive a confirmation email containing information about joining the meeting.
RFP Questions submitted	July 19, 12:00 PM
RFP Questions due back to providers	July 21, 5:00PM
<b>PROPOSALS DUE BY 12:00 PM</b>	July 29,2022

**Availability of Funds:**

Limited **Startup funds** are available for onboarding of staff and general supplies for the programs.

**Limited facility renovation funds** are available to update/renovate a facility to meet Residential Treatment Level III requirements.

**Scope of Proposal**

This proposal is to select organization(s) to provide two separate community based Transitional Group Homes in Mecklenburg County. The successful applicant(s) will establish and operate a transitional group home program for children with co-occurring I/DD and MH diagnoses, and/or a community based Transitional Group home for children with MH and SUD diagnoses in the custody of Mecklenburg County Department of Social Services (DSS), who require an immediate therapeutic residential level of care. In addition, the organization will provide a safe,

trauma-informed environment for those children to receive support and comprehensive assessments to determine their longer-term needs.

The successful applicant (s) will provide a program that has the following elements:

1. Organization will provide one or both of the home types described
  - a. MH-I/DD co-occurring home - six (6) beds in a group home for children with MH-I/DD co-occurring diagnoses, within a single group home operating under 10A NCAC 27G .1700, and licensed by Division of Health Service Regulation (DHSR), that is dedicated solely for the stabilization program in Mecklenburg County.
  - b. MH/SUD home - six (6) beds in a group home for children with MH and/or SUD diagnoses, within a single group home operating under 10A NCAC 27G .1700, and licensed by Division of Health Service Regulation (DHSR), that is dedicated solely for the stabilization program in Mecklenburg County.
2. During operating hours, the organization will maintain a minimum direct care staffing ratio of one (1) staff to two (2) children. This ratio needs to be maintained during awake hours at all times.
3. Maintain two (2) direct care staff during sleep hours, with one staff awake. In addition to the minimum number of direct care staff during daytime and sleep hours, more direct care staff may be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.
4. In the event that a child referred to the program does not have an up-to-date comprehensive clinical assessment (CCA), the organization will complete a crisis assessment which includes:
  - a. the client's presenting problems;
  - b. the client's needs and strengths;
  - c. a provisional or admitting diagnosis
  - d. a pertinent social, family, and medical history; and
  - e. evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.
5. Organization will complete a full CCA or addendum within 72 hours of admission unless a current CCA exists reflecting this program's level of care.
6. Complete functional behavior assessments to assist Care Management in planning prior to discharge.
7. Youth referred to the program will complete all needed assessments and evaluations within 14 days of admission unless updating psychological testing which can take up to 30 days, or have a psychological scheduled at the earliest availability.
8. Licensed Clinician is available for weekly clinical oversight to staff, more often as needed, as well as provide one on one and family brief therapy to youth in the program while they are being connected to those services in preparation for post-discharge.

9. Board Certified Behavior Analyst (BCBA) is on staff, .5 FTE at minimum, to support complex clinical needs in the home serving co-occurring I/DD and MH diagnoses.
10. Coordinate with Alliance and local DSS to ensure all referred children receive needed assessments and treatment services, including physical healthcare, dentistry, for example, while at the stabilization facility.
11. If a child is referred to a Psychiatric Residential Treatment Facility as their next treatment level of care the organization will complete the required Certificate of Need
12. All group home staff will be trained in the principles of trauma informed care and crisis intervention and de-escalation training using a curriculum approved by the NC Department of Health and Human Services.
13. Staff and program leadership will participate in technical assistance and training provided for the Alliance transition homes over two years.
14. The organization will be expected to receive referrals during standard business hours and receive admissions from 8a to 10 p Monday through Friday and maintain an 85% or above admissions acceptance rate
15. After admission, if a child in the facility requires a higher level of care, the organization will work with DSS and Alliance to secure the appropriate setting but ***will not discharge directly back to the care of DSS and into a non-therapeutic setting***.
16. Will follow all DHSR licensure requirements and service definition elements (with the exception of assessment content at admission) outlined in NC Medicaid and Health Choice Clinical Coverage Policy 8D-2.
17. Staff from the organization will participate in all scheduled Child and Family Team meetings, which are held weekly for youth in short term transition care.

**Target population and Eligibility Criteria:** To be eligible for the service a child must be at least 10 years of age and not older than 17 and in the custody of a Department of Social Services within the Alliance catchment with Medicaid eligibility within the Catchment Area. Priority admission status is given to those children who have experienced a placement disruption and have no immediate option to receive the level of supervision and treatment that is required to ensure their safety and well-being. At a minimum, children referred to the co-occurring program must have a mental health diagnosis and co-occurring intellectual and developmental disabilities. To fully benefit from this program, children must have expressive and receptive language skills because pragmatic language skills will be integrated into the model to increase and/or improve social skills.

To be eligible for the Transitional Home serving youth with MH/SUD diagnoses, a child must be at least 10 years of age and not older than 17 and in the custody of a Department of Social Services within the Alliance catchment with Medicaid eligibility within the region. Priority admission status is given to those children who have experienced a placement disruption and have no immediate option to receive the level of supervision and treatment that is required to ensure their safety and well-being. At a minimum, children referred to the program must have a mental health diagnosis. The programs will make every effort to serve all children referred.

There will be times when some children will not be appropriate for the program based upon specifics of the current milieu such as acuity or demographics that would cause safety concerns.

**Exclusionary Criteria:**

- Serious behaviors that are dangerous to self or others and meet criteria for hospital admission
- Clients that are not medically stable.
- Persistent elopement when children have a history of behavior that is dangerous to themselves and other during previous elopement episodes
- Serious medical/psychiatric symptoms that require medical attention including, but not limited to, life-threatening withdrawal and active psychosis
- Non-verbal members
- Non-ambulatory members
- Children with sexualized behaviors that pose a danger to themselves or to members within the program or community.

**Discharge Criteria:** The Transitional Group Home programs are designed to be a stabilizing crisis response service; youth should ideally not remain in these homes longer than 45 calendar days. Under extenuating circumstances, youth may stay for a period beyond 45 days when the treatment team, comprised of Mecklenburg DSS, the organization and Alliance, have identified and agreed upon a discharged level of care, but the admission date for the level of care would extend the length of stay beyond 45 days. Youth should be discharged to an appropriate community-based service or a residential level of care.

**Collaboration:** The organization will coordinate admissions and discharges with local DSS and Alliance care management staff. All referred children will be assigned an Alliance Care Manager. The Care Manager will attend all Child and Family Teams and work to coordinate care with DSS and the Provider.

**Documentation Requirements:** Service Documentation will be completed in accordance with NC Medicaid and Health Choice Clinical Coverage Policy 8D-2. The organization will provide Mecklenburg County Department of Social Services a standardized referral packet that will outline needed items and information to support a referral. The agency will maintain a log of all referrals that includes the following elements:

- Name of youth
- Referring Department of Social Service and department staff
- Date and time of referral
- Date and time of admission
- Rationale for denial of admission

### Required Outcomes:

- All youth will be admitted within six (6) business hours of referral during the hours of 8 am to 10 pm, Monday through Friday. Referral information must be complete in order to meet this requirement.
- 100% of children will have a viable, documented discharge plan within 30 days of admission

**Special Conditions:** Alliance will select one provider to provide the Transitional Group Home in Mecklenburg County for youth with co-occurring I/DD and MH diagnoses.

A minimum of one provider will also be selected for the Transitional Group Home in Mecklenburg County for youth with MH/SUD diagnoses.

### Submission Instructions:

- Indicate the Applicant name and RFP number on the front of your proposal envelope or package.
- Include the RFP # on the bottom of each page of your proposal.
- Proposals must be submitted according to the below described Eligible Applicant Proposal Format.
- Proposals must address the questions and items set out on the following pages and must be typewritten and signed in ink by the official authorized to bind the applicant to the provisions contained within the proposal.
- Trade secrets or similar proprietary data which the organization or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by state law and rule if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the proposal that is to remain confidential shall also be so marked in boldface on the title page of that section.
- **One electronic version of the response on sent via email to [AllianceRFP@Alliancehealthplan.org](mailto:AllianceRFP@Alliancehealthplan.org) . The signed (original signature scanned) proposal must be delivered prior to 5pm. Provider may request submission instructions for hard copy by emailing [AllianceRFP@Alliancehealthplan.org](mailto:AllianceRFP@Alliancehealthplan.org)**
- Alliance will not be held responsible for the failure of any mail or delivery service to deliver a proposal response prior to the stated proposal due date and time.
- No fax responses will be accepted or considered.

All proposals must be received by Alliance on or before **12:00 p.m. on. July 29, 2022. Late proposals will not be accepted.**

All proposals submitted by the deadline become the property of Alliance Health.



**Proposals shall be electronically mailed to [AllianceRFP@Alliancehealthplan.org](mailto:AllianceRFP@Alliancehealthplan.org)**

Alliance Health  
ATTN: Healthcare Network Project Manager  
RE: RFP# 102-2022

**PROPOSALS WILL NOT BE ACCEPTED AFTER THE DUE DATE/TIME AND WILL BE RETURNED TO THE PROVIDER.**

Questions concerning the specifications in this RFP will be received until July 19, 2022 5:00 pm,. Please submit all questions in writing by e-mail to [AllianceRFP@Alliancehealthplan.org](mailto:AllianceRFP@Alliancehealthplan.org). A summary of all questions and answers will be posted by July 21, 2022 5:00 on the Alliance Health website at: [Alliancehealthplan.org](http://Alliancehealthplan.org).

Alliance reserves the right to:

- Reject any and all offers and discontinue this RFP process in the sole discretion of Alliance without obligation or liability.
- Award more than one contract.

### **Eligible Applicants Proposal Format**

Proposals shall conform substantially to the following format using tabs to designate sections:

#### **Section A. Introduction (1 page max)**

1. Describe why you believe that your organization, from a business, professional, clinical, administrative, financial and technical perspective, should be awarded a contract for the services requested. Describe any distinguishing features Alliance should know about your services and company as well as an overview of your proposal.
2. Describe generally what you are proposing to do under the scope of services.

#### **Section B. Minimum Network Enrollment Requirements for Agency-Based Providers (3pages max)**

1. Disclose if your agency has any proposed/pending merger with another entity. Please note that an award of a contract to the organization making the proposal will not be assigned automatically to a new agency resulting from a merger or acquisition.
2. Disclose if the organization is affiliated by contract or otherwise, with any other provider (defined as any individual or entity providing behavioral health services).

3. Disclose other LME-MCO's with whom you are in network.

### **Section C. Organizational Background and Expertise (8 pages max)**

Providers shall demonstrate experience and competency in the requested service, or similar services with the population. Stability and quality of past operations is important. This section is intended to assess the organization's past record of services, compliance with applicable laws, standards and regulations, the qualifications and competency of its staff, the satisfaction of members and family members served, systems of oversight, adequacy of staffing infrastructure, use of evidence based and best practices, and quality management systems as they relate to this service.

For this RFP describe your organization's background and expertise in the following:

1. Provide a detailed implementation plan, including timeline, for the services requested.
2. Describe your organization's experience providing services to youth with complex needs and behavioral health issues including histories of elopement and physical aggression.
3. Describe how you will operationalize individualized transition planning including crisis planning and discharge planning with participants This program provides skill building, including children learning replacement behaviors that are socially appropriate, interventions are person centered and based on the youth's cognitive functioning. All interventions and assessments identified for implementation will address the biopsychosocial needs of each child. Please describe your process for the development of behavior plans with and for children.
4. Describe the structured programming you would provide including the incorporation of program models. Describe how you would use any tools, technology to measure skill acquisition.
5. Describe your organization's approach to implementation of Trauma Informed Care. What training is incorporated to support a trauma informed approach? What positions in your organization receive this training?
6. Describe your staff training and clinical oversight plan. How would you recruit a team that has the expertise to serve the complex needs youth? How do you recruit a team that has the expertise to serve youth with MH and/or SUD diagnoses?

7. What challenges do you anticipate and how would you resolve them?
8. Please describe interventions to address the sensory deficits for children who require this support.
9. You are required to convene child and family teams weekly. It is a challenge to get guardian and families and other stakeholders scheduled weekly. How will you do this?
10. Include your program description covering the service. Submit a sample weekly program schedule and staffing schedule.
11. Submit one year of member satisfaction surveys for services currently provided to the population. Please include guardians, caregivers, natural supports and youth.
12. Describe specific performance indicators and outcomes for this program.
13. Provide information about your strategies for recruitment, retention and support of qualified staffing.
14. Please give the address of the site(s) in which you operate 24-hour facilities currently.

#### **Section D. Management / Administrative Capability and Fiscal**

1. Submit your proposed start up budget and a separate 12-month operational budget using the attached Budget Request Form. Please include your anticipated expenditures. Expenditures should include full-time equivalent positions both clinical and administrative, credentials or licenses if applicable, and operating expenses.

#### **Proposal Evaluation:**

Award of a contract resulting from this RFP will be based upon the application(s) best aligned with the cost, service objectives, and other factors as specified herein.

Providers shall demonstrate experience and competency in the requested service(s). Stability of past operations is important.

RFP Proposals will be evaluated using a standardized evaluation sheet for the elements from the RFP outline. Applications will be pre-screened by Provider Network Management to ensure the organization (i) meets the minimum qualifications (ii) has completed all material sections of the RFP, and (iii) is responsive to the questions. Any applicants that are rejected for failing to meet the pre-screen criteria shall be notified in writing along with the reasons why the application was rejected.

Once an application passes the pre-screen process, it will be reviewed by a Selection Committee designated by Alliance which may include Alliance staff, Area Board members, and other

stakeholders deemed needed. Reviewers will utilize the Evaluation Tool attached and scores will be calculated from all the reviewers. An interview process may be utilized to gain additional information and pose questions of providers. The evaluation will include the extent to which the Applicant's proposal meets the stated requirements as set out in this RFP as well as the Applicants' stability, experience, and record of past performance in delivering such services.

All applicants will receive written notification of the results of the evaluation of their application.

## Contract Award:

The successful applicant(s) chosen by Alliance will be required to execute a contract or contract amendment that includes a Scope of Work outlining the requirements of this RFP.

Providers shall have a "no-reject policy" for referrals within the capacity and the parameters of their competencies. Providers shall agree to accept all referrals meeting criteria for services they provide when there is available capacity; a Provider's competency to meet individual referral needs will be negotiated between Alliance and the Provider.

The initial term of any contract awarded hereunder will be through June 30, 2024.

**Cancellation of Contract:** Alliance reserves the right to cancel and terminate any resulting contract(s), in part or in whole, without penalty, upon thirty (30) days written notice to the Provider. Any contract cancellation shall not relieve the Provider of the obligation to deliver and/or perform outstanding prior to the effective date of cancellation and transition consumers and consumer's records.

## Other General Information:

The following outlines additional information related to the submission of proposals:

- Alliance reserves the right to reject any and all proposals for any reason, including but not limited to false information contained in the proposal and discovered by Alliance.
- Any cost incurred by an organization in preparing or submitting a proposal is the applicant's sole responsibility. Alliance will not reimburse any applicant for any pre-award costs incurred. All materials submitted to Alliance will become the property of Alliance and will not be returned.
- All proposals are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and condition by any organization may be grounds for rejection of that organization's proposal.
- In submitting its proposal, organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of Alliance.
- All responses, inquiries, or correspondence relating to or in reference to the RFP, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the organization or organization will become the property of Alliance when received.

- The signer of any proposal submitted in response to this RFP certifies that this proposal has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.



**Authorization to Submit Proposal**

To the best of my knowledge, my organization is able to meet all requirements necessary to apply for the services solicited in RFP #. I am submitting the attached proposal, which, to my knowledge is a true and complete representation of the requested materials.

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Authorized Signature

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Printed Name

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Title

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Date

Scan original signature page and submit with the proposal.